

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08916

## 1. PLACE OF DEATH

County

Montgomery

Village or City

Spencerville

Registration Dist. No.

214

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

## 2. FULL NAME Douglas Hallstead Adams

(a) Residence: No.

Spencerville

St.

Ward.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

A.A

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of~~XX~~

6. DATE OF BIRTH (month, day, and year)

April 29, 1932

7. AGE

Years

0

Months

3

Days

15

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Infant

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.~~XX~~10. Date deceased last worked at  
this occupation (month and  
year)

X

11. Total time (years)  
spent in this  
occupation

X

12. BIRTHPLACE (city or town)

Gallinger Hospital

(State or country)

Wash., D.C.

MOTHER

FATHER

13. NAME

Charles Anderson

14. BIRTHPLACE (city or town)

unknown

(State or country)

15. MAIDEN NAME

Catherine Mae Adams

16. BIRTHPLACE (city or town)

Edna

(State or country)

Montgomery Co. Md.

17. INFORMANT

Benjamin D. Adams

(Address)

Spencerville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Glen Hope

Date Aug 13, 1932

19. UNDERTAKER

Ted R. Ferguson

(Address)

Rockville Md.

20. FILED

Aug 15, 1932

T.E. Buden

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug  
(Month)12  
(Day)1932  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 12, 1932, to Aug 12, 1932

I last saw him alive on never; death is said

to have occurred on the date stated above, et 12:30 m.p.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Probably  
cures  
jaundice

Date of onset

Penetral  
8/10/32

Other Contributory Causes of importance:

Name of operation none Data of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify \_\_\_\_\_

(Signed) Webster Sowell M.D.

(Address) Sidney Springs Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH 68917

M

## MARGIN RESERVED FOR BINDING

N. B.—**PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Montgomery

44

Registration Dist. No.

217

Village or City

Burtontown

St.

Ward

Length of residence in city or town where death occurred

60 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Robert Aitcheson  
Burtontown

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Sarah E. Aitcheson

## 6. DATE OF BIRTH (month, day, and year)

Jan 25<sup>th</sup> 1854

## 7. AGE

78

## Years

## Months

7

1

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

Farmer

## OCCUPATION

CIV

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

June - 1932

11. Total time (years)  
spent in this  
occupation

60 yrs

## 12. BIRTHPLACE (city or town)

(State or county)

Scotland

## MOTHER

FATHER

William Aitcheson

## 14. BIRTHPLACE (city or town)

(State or county)

Scotland

## 15. MAIDEN NAME

Annie Caldwell

## 16. BIRTHPLACE (city or town)

(State or country)

Scotland

## 17. INFORMANT

(Address)

Opaline Smallwood

Silver Springs Md.

## 18. BURIAL, CREMATION, OR REMOVAL

(Place)

Dry Hill Laurel Md.

(Date)

Aug 28 1932

## 19. UNDERTAKER

(Address)

Royd Kaisers

Laurel Md.

## 20. FILED

(Date)

Aug 28 1932

C. B. Barnsley

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8/2 8

(Month)

(Day)

193 2  
(Year)

## 22. I HEREBY CERTIFY.

That I attended deceased from

8/1 1932 to 8/26 1932

I last saw him alive on 8/3 1932

to have occurred on the date stated above, at 5 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Gastritis St  
Imp. PeritonitisDate of onset  
7/13

Other Contributory Causes of importance:

Acute Cardiac del 8/24/32

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did Injury occur?

(Specify city or town, county and State).

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

B. Edwards  
Farmer

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08918

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Montgomery

(137)

Registration Dist. No.

214

Village or City Takoma Park

Ward

Length of residence in city or town where death occurred 3 yrs. 11 mos. ds. How long in U.S. if of foreign birth?    yrs.    mos.    ds.No. Wash San + Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Nathaniel Bacon(a) Residence: No. 241 Willow Ave Takoma Park

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male white widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMary Tandon

6. DATE OF BIRTH (month, day, and year)

Nov. 30, 1851

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) ?Retired LawyerOffice11. Total time (years)  
spent in this  
occupation 30 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Michigan

MOTHER FATHER

13. NAME

Nathaniel Bacon

14. BIRTHPLACE (city or town)

Ballston Springs  
N.Y.

15. MAIDEN NAME

Caroline S. Lord

16. BIRTHPLACE (city or town)

Portsmouth, N.H.

17. INFORMANT

Wash. San Record office

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Wash. D.C. Date Aug. 27, 1932

(Address)

(Address)

19. UNDERTAKER The S. H. Hines Co(Address) 2901 - 14th NW Wash. D.C.20. FILED Aug. 27, 1932J. G. Dudley  
Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 27

(Month)

(Day)

1932  
(Year)22. I HEREBY CERTIFY. That I attended deceased from Aug. 19, 1932, to Aug. 27, 1932I last saw him alive on Aug. 27, 1932, death is said to have occurred on the date stated above, at 4:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

PyonephrosisDate of onset  
Aug. 18, 1932

Other Contributory Causes of importance:

Coronary sclerosis with cardiac insufficiency  
Hyperthyroidism  
ProstateDate of  
doubtfulName of operation none Date of  
noneWhat test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Asst. Coroner M. D.(Address) 222 Morel Avenue, Bldg. 11

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

<i>Arteriosclerosis</i>	Date of onset 1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other contributory causes of importance:

<i>Gallstones</i>	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	Date of onset 1 week ago
<i>Run over by street car</i>	2001 6 238 1 week ago
<i>Peritonitis</i>	3 days ago

Other contributory causes of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68919

## MARGIN RESERVED FOR BINDING

N. B.—WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Montgomery

50

Registration Dist. No.

218

Village or City

Gaithersburg Md.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Hannah Keate Barron

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 15 1860

7. AGE

Years      Months      Days

1860

72

0

5

If LESS than  
1 day,      hrs.  
or      min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDOKEEPEER, etc.

Dress Making

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Washington D.C.

## MOTHER FATHER

13. NAME

Josias Barron

14. BIRTHPLACE (city or town)  
(State or country)

Washington D.C.

15. MAIDEN NAME

Lucretia Blowers

16. BIRTHPLACE (city or town)  
(State or country)

Washington D.C.

17. INFORMANT

(Address)

Home of a aged  
Gaithersburg Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Clarksville Md.

Data

Aug 23, 1932

19. UNDERTAKER

(Address)

John G. Gaither  
Gaithersburg Md.

20. FILED

(Address)

Aug 23, 1932 Death Dan Ettinger

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug  
(Month)20  
(Day)1932  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 1931, to Aug 20, 1932; death is said

I last saw her alive on Aug 20, 1932, 10:30 P.M.

to have occurred on the date stated above.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of the right  
breast with involvement  
of lung

Other Contributory Causes of importance:

Chronic pulmonary tuberculosis  
(caract.) unknown

Name of operation

Date of

What test confirmed diagnosis?

no

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. J. Borchart

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU OF THE CENSUS

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

BUREAU OF THE CENSUS

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08920

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Baltimore

57

Registration Dist. No.

216

Village or City

Length of residence in city or town where death occurred

20 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number) No. 9 Phyllis Place Circle St., Ward

mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Mary Bright

9 Phyllis Place Circle

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

P

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

5-27-82

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

50

2

28

Domestic

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Md. Pt.

MOTHER FATHER

13. NAME

Phyllis Bright

14. BIRTHPLACE (city or town)  
(State or country)

Va.

15. MAIDEN NAME

Elijah Smith

16. BIRTHPLACE (city or town)  
(State or country)

Va.

17. INFORMANT

(Address)

Werner Taylor  
2228 7th Ave. N.Y.C.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19-32

wash D.C. Aug 3 - 19-32

19. UNDERTAKER

(Address)

F. D. M. & G. Inc.  
1820 - 9th St. N.W. 19-32

20. FILED

(Address)

Aug 6 - 19-32 Thomas K. Conrad  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug

3

(Month)

1932  
(Year)

22. HEREBY CERTIFY. That I attended deceased from

July 21, 1932, to Aug 3, 1932. I last saw her alive on Aug 3, 1932; death is said to have occurred on the date stated above, at 12:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diabetes mellitus  
gangrene of foot by leg break

Date of onset

Other Contributory Causes of importance:

Toxemia

Aug 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Prodromal stage Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Owen T. Purvis

M. O.

(Address) 1712 - 1st St. N.W.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68921

## 1. PLACE OF DEATH

County Montgomery  
Village or City Bens Mills

82-a

Registration Dist. No. 214

St. Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Hugh A Brown

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE Yo	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
		MARRIED

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Benah Brown

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 54	Months 11	Days 20	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION  
732

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Moh. Frederick T. Brown

14. BIRTHPLACE (city or town)  
(State or country)

Ohio

15. MAIDEN NAME Annie E Bates

16. BIRTHPLACE (city or town)  
(State or country)

Md. State

17. INFORMANT Mrs. Hugh Brown  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. D.C. Date Aug 14, 1932

19. UNDERTAKER Jas. T. Birch's Son  
(Address) 3034 M St. N.W.20. FILED Aug 14, 1932 F.G. Huddings  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 13  
(Month) (Day)1932  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 13, 1932, to Aug 13, 1932  
I last saw him alive on Aug 13, 1932; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ruptured cerebral vessels Aug 13, 1932

Date of onset

Other Contributory Causes of importance:

Arterio sclerosis ?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W.B. Haynes M.D.

(Address) 4512 Geo. Ave.

Peter Spring, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

68922

## MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County Montgomery

WITHIN CORPORATE LIMITS

Village or City Tokoma(No. 6621 Eastern Ave)

82-1

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 223

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Luisa A. Brown

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Widowed

6 DATE OF BIRTH

Sept 28, 1856  
(Month) (Day) (Year)

7 AGE

75 yrs. 10 mos. 21 ds.If LESS than  
1 day hrs.  
or min.?

8 OCCUPATION

- (a) Trade, profession or particular kind of work None  
 (b) General nature of industry business, or establishment in which employed or (employer) Cobbler

9 BIRTHPLACE

(State or country) Cumberland Md

10 NAME OF FATHER

Geo. A. Houston

11 BIRTHPLACE OF FATHER

(State or country) Md

12 MAIDEN NAME OF MOTHER

Elizabeth Gibell

13 BIRTHPLACE OF MOTHER

(State or Country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. H. A. Spitzer(Address) Middlebury Va15 Filed Aug. 19 1922Bur. Reg. Baltimore

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 19th,

1922

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 1-10 1922 to 8-19 1922,that I last saw h. er alive on 8-18, 1922,  
and that death occurred on the date stated above, at 12:55 P.M.

The CAUSE OF DEATH \* was as follows:

Terminal PneumoniaContributory  
Secondary

(Duration) yrs. mos. ds.

Cerebral embolism

(Duration) yrs. mos. ds.

(Signed) Julian M. Howe M. D.(Address) 1309 Randolph\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hall Sc.DATE OF BURIAL Aug. 19, 192220 UNDERTAKER Law W. Wile Co.ADDRESS Hall Sc.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *toxæmias*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1932

BUREAU V. S.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 7 1928	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. INK UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68934

## 1. PLACE OF DEATH

County Montgomery

191

Registration Dist. No.

217

Village or City Sandy Spring, Md.

St.

Ward

Length of residence in city or town where death occurred life yrs. .... mos. .... ds. How long in U.S. If of foreign birth? .... yrs. .... mos. .... ds.2. FULL NAME Reson Cooler(a) Residence: No. Sandy Spring, Md. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
--------------------	---------------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) January 8, 1861

7. AGE <u>71</u> Years	Months <u>7</u>	Days <u>16</u>	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labour9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME James Cooler14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Amelia Bowen16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Elsie Waters  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sandy Spring Date Aug 26, 193219. UNDERTAKER Wagner & Humphrey  
(Address) Rockville20. FILED Aug 26, 1932 C. Barnaby  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 25

(Month) (Day)

1932 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1932 to August 25, 1932I last saw him alive on August 25, 1932; death is said to have occurred on the date stated above, at 5 P.M..  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Arteriosclerosis of unknown duration

Data of onset

## Other Contributory Causes of importance:

Chronic Nephritis with  
Chronic Myocarditis 3 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Charles Mapleson M.D.(Address) Sandy Spring, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	8 A. M. JUN 1927	1 week ago
Run over by street car	8 A. M. JUN 1927	1 week ago
Peritonitis	8 A. M. JUN 1927	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08925

## 1. PLACE OF DEATH

County

Montgomery

93-c

Village or City

Bethesda

Registration Dist. No.

216

Ward

Length of residence in city or town where death occurred 10 yrs

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Sister Mary Louise Concalle

(a) Residence: No.

Montgomery Hospital Bethesda

Ward.

Bethesda

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Singl

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)	7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
Nov 11 1839	78	9	9	6	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9. Name
	None
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	13. NAME
West Indies	Alphonse Concalle

14. BIRTHPLACE (city or town) (State or country)	15. MAIDEN NAME
West Indies	Louise E. French

16. BIRTHPLACE (city or town) (State or country)	17. INFORMANT (Address)
West Indies	Sister Ignatia French Montgomery Hospital

18. BURIAL, CREMATION, OR REMOVAL Place	19. UNDERTAKER (Address)
Cemetery Hospital Aug 18, 1932	M. W. Crowley his co 1400 Chapman Street

20. FILED (Address)	Registrar
Aug 18, 1932 Deed C P	Dr Crowley 1726 Eye St Washington D.C.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug

17

1932

## 22. I HEREBY CERTIFY

That I attended deceased from  
1917 to Aug 17, 1932; death is said  
to have occurred on the date stated above, at 6 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:myocarditis  
Seizurity

Date of onset

## Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr Crowley 1726 Eye St Washington D.C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Montgomery

Village or City Takoma Park

Within corporate limits of

Length of residence in city or town where death occurred 5 yrs. 5 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mrs. Emma Deane

(a) Residence: No. 1290 Linton Street St. Ward. Washington, D.C.  
(Usual place of abode)

Registration Dist. No. 223

No. Washington Sanatorium &amp; Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of

Major Harrison L. Deane

6. DATE OF BIRTH (month, day, and year) Nov. 19 1852

7. AGE Years 79	Months 8	Days 29	If LESS than 1 day, ? hrs. or ? min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Breckinridge  
(State or country) Missouri

13. NAME Robert Brazen

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME Hibby Hart

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Washington Sanatorium Records  
(Address) Takoma Park, Md.

18. BURIAL, Cremation, or Removal

Place Washington, D.C. Date Aug. 8, 1932

19. UNDERTAKER Edward M. Moore  
(Address) 1804 N. West Ave.20. FILED Aug. 8, 1932 H. E. Rogers  
Registrar

## 21. DATE OF DEATH

August 8, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 26, 1932, to August 8, 1932; death is said

to have occurred on the date stated above, at 4:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchopneumonia 13 days  
Date of onset

Other Contributory Causes of importance:

Cardiovascular Dis?

Name of operation? Date of?  
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury? 19  
Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury  
Nature of injury24. Was disease or injury in any way related to occupation of deceased?  
If so, specifyEdward M. Moore  
(Address) 1804 N. West Ave., Takoma Park, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Montgomery Co

Village or City

Gaithersburg

82-a

Registration Dist. No.

6893  
218

Length of residence in city or town where death occurred

yrs.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

John P. Engle

St.,

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white married

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced,  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan 26 1861

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

7. AGE

71

1

29

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

B.P. Conductor

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Md.

MOTHER

FATHER

13. NAME William Engle

14. BIRTHPLACE (city or town)  
(State or country)

Md. Va.

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town)  
(State or country)

Va.

17. INFORMANT

(Address)

John Engle

18. BURIAL, Cremation, or Removal

Aug 28, 1932

Date 19

19. UNDERTAKER

(Address)

P. E. Johnson

20. FILED

Aug 28, 1932

Rachel Dan Etchison

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug 18, 1932, to Aug 25, 1932

I last saw him alive on Aug 25, 1932; death is said  
to have occurred on the date stated above at 5:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Central hemorrhage

Date of onset  
8-10-32

Other Contributory Causes of importance:

Hypertension

1931

Name of operation

Data of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

J. J. Brodhead

(Signed)

Gaithersburg, Md.

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED  
SEP 7 1927

HOSPITALS

Other contributory causes of importance:

Gallstones	May 1, 1928

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

HOSPITALS

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68958

## 1. PLACE OF DEATH

County

Montgomery

46

Registration Dist. No.

218

Village or City

Gaithersburg

St.,

Ward

Length of residence in city or town where death occurred

75 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

Eliza C. Etchison

6. DATE OF BIRTH (month, day, and year)

Years

Months

Days

If LESS than  
1 day, — hrs.  
or — min.

74

11

21

Housewife

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Germantown Montgomery

MOTHER FATHER

13. NAME

Marie D. Mater

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Mary Jane Lerssey

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

Gaithersburg, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place

Gaithersburg

Date Aug. 29, 1932

19. UNDERTAKER

(Address)

Rumbery &amp; Compahrey

20. FILED

Aug. 29, 1932

Rachel D. Etchison

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8-

27

1932

22. I HEREBY CERTIFY. That I attended deceased from

4111, 1932, to 8/27, 1932

I last saw her alive on 8/27, 1932; death is said

to have occurred on the date stated above, at 3:15 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Inflammation of the brain and meninges 6/5/32

Date of onset

1525

Other Contributory Causes of Importance:

Diabetes

1525

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) J. S. Jones M. D.

(Address) Gaithersburg, MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SEP 7 1922	July 5, 1927

B L R A U Y		
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

B L R A U Y		
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68929

## 1. PLACE OF DEATH

County Montg.  
Village or City Chevy Chase

(118)

Registration Dist. No. 716.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 417 - Raymond  
(Usual place of abode)

No. 417 Raymond St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  
single.

6. DATE OF BIRTH (month, day, and year) Apr. 19, 1910

7. AGE Years 22	Months 4	Days 7	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Medical Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. College

10. Date deceased last worked at this occupation (month and year) 00/

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) West Virginia

13. NAME Curtis S. Ferguson

14. BIRTHPLACE (city or town)  
(State or country) Pa.

15. MADIOEN NAME Eddie Mawley

16. BIRTHPLACE (city or town)  
(State or country) N.Y.17. INFORMANT Curtis L. Ferguson  
(Address) 417 Raymond St., Md.

18. BURIAL, CREMATION, OR REMOVAL Place: 21 Lincoln Crematory Aug. 29, 1932

19. UNDERTAKER The S.H. Hirsch Co.  
(Address) Wash. D.C.20. FILED 8-29-1932 Thomas K. Conrad  
(Address) Chevy Chase, Md.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 1, 26 - 1932  
(Month) (Day) (Year)

22. Cause of death motor vehicle accident attended deceased who did not see deceased sufferer I last saw deceased by death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute gastritis

(10 Hours duration)

Other Contributory Causes of importance:

acute cardiac dilatation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Thomas K. Conrad M. D.

(Address) Chevy Chase, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08930

## 1. PLACE OF DEATH

County

Montgomery

(8)

Registration Dist. No.

211

Village or City

Clarkesburg, Md.

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

still Birth (genus)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (check the word)

sing

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

8/10/32

7. AGE

Years

Months

Days

If LESS than  
1 day, 8 hours.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

## MOTHER FATHER

Henry A. Genus

14. BIRTHPLACE (city or town)  
(State or country)

Potterville,

Md.

15. MAIDEN NAME

Lilly Dorsey

Potterville

Md.

16. BIRTHPLACE (city or town)  
(State or country)

Potterville

Md.

17. INFORMANT

Henry A. Genus

geriatrician to Dr. Smith

18. BURIAL, CREMATION, OR REMOVAL

Place: Potterville, Md. Date: Aug. 11, 1932

19. UNDERTAKER

Henry A. Genus

geriatrician to Dr. Smith

20. FILED

Aug. 11, 1932 7 PM E. Lewis

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

8-10-1932  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from  
8-10-1932 to 8-10-1932I last saw her dead 8-10-1932; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Complication of pulmonary  
coldsDate of onset  
Aug. 10, 1932

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) W. C. Miller, M. D.

(Address) gaithersburg, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 7 1922	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68931

## 1. PLACE OF DEATH

258

Registration Dist. No. 218

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

V. S. No. 1

## 2. FULL NAME

Charles W. Gray

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Male	White	Married		
5a. If married, widowed, or divorced HUSBAND of (or WIFE of Emily Grace Gray				
6. DATE OF BIRTH (month, day, and year) Apr. 1 1854				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78		3	4	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			57 Farmer	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			Farmer	
10. Date deceased last worked at this occupation (month and year) 1920			11. Total time (years) spent in this occupation 50	
12. BIRTHPLACE (city or town) Maryland (State or country)				
13. NAME William Gray				
14. BIRTHPLACE (city or town) Maryland (State or country)				
15. MAIDEN NAME Elizabeth Stewart				
16. BIRTHPLACE (city or town) Maryland (State or country)				
17. INFORMANT Emily Gray (Address) Etchison				
18. BURIAL, CREMATION, OR REMOVAL Place Bierschuttle Date Aug. 6 1932				
19. UNDERTAKER Roy M. D. Roger (Address) Gaithersburg Md				
20. FILED Aug. 6, 1932 V. H. Depon (Signature) W. H. Registrar				

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug.

4

1932

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Aug. 2, 1932, to Aug. 4, 1932

I last saw him alive on Aug. 2, 1932; death is said to have occurred on the date stated above, at 1 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Probably acute dilatation of heart

Date of onset

a few min.

## Other Contributory Causes of Importance:

Cardio-vascular disease cerebral

fever

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George M. Roger

M. D.

(Address) Damascus, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	SEP 7 1923
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68932

## 1. PLACE OF DEATH

County

Montgomery

Registration Dist. No.

213

Village or City

Montrose

St.

Ward

Length of residence in city or town where death occurred

life

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

Montrose (near Rockville) Md.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Not determined	White	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug. 18, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
Stillborn				

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

none

Date of onset

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)  
(State or country)

Montrose  
Md.

MOTHER

FATHER

13. NAME Elmer L. Broshon

14. BIRTHPLACE (city or town)  
(State or country)

Montg. Co.  
Md.

15. MAIDEN NAME Glenna A. Watto

16. BIRTHPLACE (city or town)  
(State or country)

Richmond  
Va.

17. INFORMANT E. L. Broshon  
(Address) Rockville, R. I. D., Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place On ground Date Aug 18, 1932

19. UNDERTAKER Father -  
(Address)

20. FILED 8-18, 1932 M. H. T. Poll  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 18, 1932, to Aug. 18, 1932

I last saw him alive on Aug. 18, 1932, death is said  
to have occurred on the date stated above, at 11 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

abortion at 2 months Aug. 1932

Other Contributory Causes of Importance:

Unknown -

Name of operation none Date of

What test confirmed diagnosis Phys. exam Was there an autopsy

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Wm. G. Leathem, M. D.  
(Address) Rockville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68933

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County MontgomeryVillage or City Olney

Length of residence in city or town where death occurred yrs.

(19)

Registration Dist. No.

217

Montgomery County General Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred mos. 25. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Norman E. M. Hallis(a) Residence: No. Rockville

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofUnknown

6. DATE OF BIRTH (month, day, and year)

Feb 22, 1847

7. AGE <u>85 years</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>6</u>	<u>15</u>		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>No occupation</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>
10. Date deceased last worked at this occupation (month and year) <u>None</u>	11. Total time (years) spent in this occupation <u>None</u>

12. BIRTHPLACE (city or town)  
(State or country) Charles County, Maryland13. NAME Lieut Col Walter L Miller14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Jane H. Hallis16. BIRTHPLACE (city or town)  
(State or country) Charles County, Maryland17. INFORMANT Hospital Records  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Rockville Date Aug 9, 193219. UNDERTAKER W. R. Humphrey  
(Address) Rockville20. FILED Aug 9, 1932 C. Scarnay  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August6, 1932

22. I HEREBY CERTIFY. That I attended deceased from July 12, 1932, to August 6, 1932. I last saw him alive on August 6, 1932; death is said to have occurred on the date stated above, at 5:20 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

C. Scarnay Terminated 3 days 8/8/32

Date of onset

## Other Contributory Causes of importance:

Chronic Intercostal Neuritis 7/12/32

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. M. Scarnay(Address) Baird & Scarnay

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1922

Other contributory causes of importance:

Gallstones	May 1, 1923
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**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

N. B.—**WRITE PLAINLY**, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68934

## 1. PLACE OF DEATH

County Montgomery

Village or City Takoma Park

Length of residence in city or town where death occurred yrs.

mos. 4 ds. How long in U.S. if of foreign birth? 40 yrs. — mos. — ds.

(13)

Registration Dist. No.

214

No. Washington Sanitarium Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Victor Haugeard

(a) Residence: No. Kensington, Md.  
(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Mrs. Elizabeth Haugeard

6. DATE OF BIRTH (month, day, and year) August 5, 1866

7. AGE	Years 66	Months —	Days 8	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clerk	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Newspaper Office	
10. Date deceased last worked at this occupation (month and year)	August, 1932	
	11. Total time (years) spent in this occupation	30 yrs

12. BIRTHPLACE (city or town)  
(State or country) Copenhagen  
Denmark

13. NAME Mr Valdemar Haugeard

14. BIRTHPLACE (city or town)  
(State or country) Copenhagen  
Denmark

15. MAIDEN NAME Miss Anna Hansen

16. BIRTHPLACE (city or town)  
(State or country) Copenhagen  
Denmark17. INFORMANT Wife—Mrs. Elizabeth Haugeard.  
(Address) Kensington, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Washington Park Date Aug. 15, 1932

19. UNDERTAKER The S. H. Hines Co.  
(Address) Washington, D. C.20. FILED Aug. 13, 1932 J. E. Dudley  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August

13

(Month) (Day), 1932 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

August 1, 1932, to August 13, 1932

I last saw him alive on Aug. 13, 1932; death is said to have occurred on the date stated above, at 11:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Chronic Intestinal Nephritis  
Chronic Myocarditis

Other Contributory Causes of importance:

Asthma

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) E. P. Burgeson

M. D.

(Address) Takoma Park, D. C.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions; if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68935

## 1. PLACE OF DEATH

County Montgomery

(130)

Registration Dist. No.

215

Village or City Bethesda

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_. mos. \_\_\_\_\_. ds. How long in U.S. if of foreign birth? \_\_\_\_\_. yrs. \_\_\_\_\_. mos. \_\_\_\_\_. ds.

## 2. FULL NAME

(a) Residence No. 201 Laytonsville Rd  
(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male colSingle5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofSingle

6. DATE OF BIRTH (month, day, and year)

1929 April 10

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_. hrs.  
or \_\_\_\_\_. min.

3

4

8

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.None10. Date deceased last worked at  
this occupation (month and  
year)None11. Total time (years)  
spent in this  
occupation None12. BIRTHPLACE (city or town)  
(State or country)Maryland

## MOTHER / FATHER

13. NAME

Percy Hawkins14. BIRTHPLACE (city or town)  
(State or country)Maryland

15. MAIDEN NAME

Ogler King16. BIRTHPLACE (city or town)  
(State or country)Md.

17. INFORMANT

Percy Hawkins

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Brock Prince Aug 20, 1932

Place

Date

19. UNDERTAKER

Percy Hawkins

(Address)

20. FILED

Aug 20, 1932

Date

Reg. No. 1000Registr. John H. RogersDate of onset  
unknown

## 21. DATE OF DEATH

Aug 18

(Day)

, 1932  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 9/3, 1932, to Aug 18, 1932I last saw him alive on Aug 18, 1932; death is said to have occurred on the date stated above, at 3 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute nephritis

4 days

Other Contributory Causes of importance:

Urremia

4 days

Name of operation None Date of NoneWhat test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify had no occupation(Signed) J. H. Rogers

M. D.

(Address) Laytonsville Rd

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County *Montgomery*Village or City *Alta Vista*

Length of residence in city or town where death occurred yrs.

93-C

Registration Dist. No.

68935

216.

St.

Ward

No. *50 Beach Ave* St., Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Mrs. JACOBSEN, SARAH ELIZABETH*

(a) Residence: No.

*50 Beach Ave*

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)*Married*

5a. If married, widowed, or divorced

 HUSBAND of  
(or) WIFE of*JACOBSEN*

6. DATE OF BIRTH (month, day, and year)

*Dec 27 1852*

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.*79 7 14*

OCCUPATION

MOTHER FATHER

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

*housewife*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

*own home*

10. Date deceased last worked at this occupation (month and year)

*8-1-32*

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)*District of Columbia*

13. NAME

*Dean, James*14. BIRTHPLACE (city or town)  
(State or country)*Montgomery Co. Md.*

15. MAIDEN NAME

*Sebastian, Jane*16. BIRTHPLACE (city or town)  
(State or country)*Montgomery Co. Md.*

17. INFORMANT

(Address)

*Mr. Jacob Jacobson*

18. BURIAL, CREMATION, OR REMOVAL

Place

*Not buried*

Date

*8/12 1932*

19. UNDERTAKER

(Address)

*W. Leibman, Funeral Home  
Rockville Md.*

20. FILED

(Address)

*Aug 11 1932 Dray C. Perry*

Registrar.

## 21. DATE OF DEATH

*Aug 10 1932*  
(Month) (Day), (Year)

22. I HEREBY CERTIFY, That I attended deceased from

*Aug 2 1932 to Aug 10 1932*  
I last saw *Aug 2 1932* alive on *Aug 9 1932*, death is said to have occurred on the date stated above, at *8:30 a.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Pneumonia, Bronchitis*Date of onset  
*Aug 2-3*

Other Contributory Causes of importance:

*myocarditis*Date of  
*Jan 30*

Name of operation

What test confirmed diagnosis? *Examination* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *O.O. Mitchell* M.D.  
(Address) *Silver Spring, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68937

## 1. PLACE OF DEATH

County Md. No. 56 Registration Dist. No. 217Village or City Toliver St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter E. Johnson(a) Residence: No. St. Ward. If nonresident give city or town and State  
(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) March 11, 1927

7. AGE	Years <u>5</u>	Months <u>5</u>	Days <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Child</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Saw Mill</u>
10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>Child</u>

12. BIRTHPLACE (city or town)  
(State or country) Md.13. NAME Theodore Johnson  
FATHER14. BIRTHPLACE (city or town)  
(State or country) Md.15. MAIDEN NAME Lizzie Pierce  
MOTHER16. BIRTHPLACE (city or town)  
(State or country) Md.17. INFORMANT Theodore Johnson  
(Address) Federal Bldg., Spring, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place: Spencerville Date: Aug 5, 193219. UNDERTAKER H. C. White & Co.  
(Address) Laurel, Md.20. FILED Aug 4, 1932 C-8 Barnsley

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 4, 1932(Month) Aug (Day) 4 (Year) 1932

22. I HEREBY CERTIFY, That I attended deceased from

July 28, 1932, to Aug 4, 1932I last saw him alive on Aug 3, 1932; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset  
Myocarditis  
Aug 2, 1932

Other Contributory Causes of importance:

acute Nephritis Aug 6, 1932  
acute Rheumatic Fever July 28, 1932

Name of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) R. R. Harper M. O.(Address) Barnsley

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGES should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Montgomery

Village or City Burkeville (No. \_\_\_\_\_)

2 FULL NAME Caroline Jones

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>Caucasian</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
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6 DATE OF BIRTH

Aug 12, 1932  
(Month) (Day) (Year)

7 AGE

yrs. .... mos. .... 5 ds. or min.?

IF LESS than  
1 day ... hrs.  
or min.?

## 8 OCCUPATION

(a) Trade, profession or  
particular kind of work None  
(b) General nature of industry  
business, or establishment in  
which employed or (employer) Infant

9 BIRTHPLACE  
(State or country) Montgomery

10 NAME OF  
FATHER Obd Jones

11 BIRTHPLACE  
OF FATHER  
(State or country) Tennessee

12 MAIDEN NAME  
OF MOTHER Ide Rieker

13 BIRTHPLACE  
OF MOTHER  
(State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. M. Iddings

(Address) Burkeville, Va.

15 Filed Aug 17 1932 C. B. Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 217

St. \_\_\_\_\_ Ward \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17, 1932  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug 17 to date Aug 17, 1932  
that I last saw her alive on Aug 17 4 P.M. 1932  
and that death occurred on the date stated above, at 7 P.M.  
The CAUSE OF DEATH \* was as follows:

Premature Birth (7 mos.)

(Duration) yrs. mos. 5 ds.

Contributory  
Secondary

Exhaustion

(Duration) yrs. mos. 2 ds.

(Signed) G. M. Iddings M. D.

(Address) Burkeville, Va.

\*State the Disease Causing Death, or, in deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mt Carmel Cemetery Aug 18, 1932

20 UNDERTAKER

ADDRESS  
Roy W. Barker, Southbridge

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary engineer*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on, may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs*). For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis* of *lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatric), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc.; when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *septicus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

11 5  
1932  
BUREAU V.S.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68939

## 1. PLACE OF DEATH

County

Brookville Montgomery

191

Registration Dist. No.

212

Village or City

St.

Ward

Length of residence in city or town where death occurred

Yrs

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mrs. Magruder

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

widower

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Dore

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Labour

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Tannery

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Montgomery

Md.

MOTHER

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

614 Edding

Brookville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Mrs. Magruder

Aug 18, 1932

19. UNDERTAKER

(Address)

Roy D. Barthol

20. FILED

Date

Aug 10, 1932

C. Barnstable

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 7

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

July 1931, to Aug 7, 1932

I last saw him alive on Aug 7, 1932; death is said to have occurred on the date stated above, at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart exhaustion from age 70

Date of onset

6 m.s.

Other Contributory Causes of importance:

None

Name of operation

Nor

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

614 Edding

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08940

223

Ward

Registration Dist. No.

81

## 1. PLACE OF DEATH

(13)

County

Montgomery

Village or City

Takoma Park, Md.

No. Wash. San. &amp; Hosp.

WITHIN CORPORATE LIMITS OF

Length of residence in city or town where death occurred yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 7 ds. How long in U.S. if of foreign birt? yrs. mos. ds.

## 2. FULL NAME Arthur D. Mayo

(a) Residence: No. 1439 Rhode Island N.H.  
(Usual place of abode)

Ward. Washington D.C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
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5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year) Nov. 1, 1860

7. AGE Years 71 Months 9 Days 18 If LESS than  
1 day, 10 hrs.  
or 48 min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Music Teacher  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) 766

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Albany, N.Y.  
(State or country)

13. NAME Amory D. Mayo

14. BIRTHPLACE (city or town) Warwick, Mass.  
(State or country)

15. MAIDEN NAME Lucy C. Clark

16. BIRTHPLACE (city or town) Lebanon, Conn.  
(State or country)17. INFORMANT Sam Records.  
(Address) 1200 Rockland Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Washington, D.C. Date Aug. 19, 1932

19. UNDERTAKER Fox, Shuler, Sons  
(Address) Washington, D.C.

20. FILED Aug. 19, 1932. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 19  
(Month) (Day) 1932  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 12, 1932, to Aug. 19, 1932.

I last saw him alive on Aug. 19, 1932, death is said to have occurred on the date stated above, at 10:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Prostate hyper trophy  
with acute retention before Aug. 2. Date of onset 1932

Other Contributory Causes of importance:

Hypertension

Aug. 9, 1932

Name of operation Prostateectomy Date of Aug. 12, 1932

What test confirmed diagnosis? Clinical diagnosis Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. S. Parrott M. D.

(Address) 722 Maple Ave, Takoma Park, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Montgomery

Village or City Silver Spring (No. A)

2 FULL NAME William T. Morrison

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE  
MARRIED  
 WIDOWED  
 DIVORCED  
(Write the word)

Male

White

6 DATE OF BIRTH

July 22nd, 1843  
(Month) (Day) (Year)

7 AGE

89

yrs.

mos.

29

ds.

If LESS than  
1 day hrs.  
or min.

8 OCCUPATION

(a) Trade, profession or  
particular kind of work Grocerman  
(b) General nature of industry  
business, or establishment in  
which employed or (employer)

9 BIRTHPLACE

(State or country)

Md.

10 NAME OF

FATHER

Thomas Morrison

11 BIRTHPLACE

OF FATHER

(State or country)

Md.

12 MAIDEN NAME

OF MOTHER

Elizabeth Eurich

13 BIRTHPLACE

OF MOTHER

(State or country)

Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C.K. Morrison

(Address)

15

Filed Aug 21 1932 J.G. Dudley Jr  
Registrar

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

08941

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 214St. Ward(If death occurred in  
a hospital or institu-  
tion, give its NAME in-  
stead of street and  
number.)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 21, 1932

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from  
August 12 1932 to August 21, 1932that I last saw him alive on August 20, 1932  
and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Carcinoma of Bladder(Duration) 2 yrs. mos. — ds.Contributory  
Secondary

(Duration) yrs. mos. da.

(Signed) H. H. Howlett M.D.  
(Address) 928 Eligo Ave.< State the Disease Causing Death, or, in Deaths from  
Violent Causes, state (1) Means of Injury and (2) Whether  
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-  
ients or Recent Residents)

At place of death yrs. mos. ds.

Where was disease contracted,  
if not at place of death?Former or  
usual residence

In the State yrs. mos. ds.

19 PLACE OF BURIAL OR REMOVAL

Darlington Md. DATE OF BURIAL  
Aug 23, 1932

20 UNDERTAKER

The S. J. Green Co. ADDRESS  
2901-14th St. N.W.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Cancer*, *Sarcoma*, *etc.* of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *litterus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 9 1932

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68942

## 1. PLACE OF DEATH

County Mont Co  
 Village or City Olney Md

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Van Buren Mulligan

(a) Residence: ND. Rockville Md St. Ward.

Registration Dist. No. 217ND. Mont Co Gen Hosp St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male W

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)single

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

Aug 28-1931

## 7. AGE

Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
0	11	16	

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

none

10. Date deceased last worked at this occupation (month and year)

nonef1. Total time (years)  
spent in this  
occupationnone

## 12. BIRTHPLACE (city or town)

Mont Co. Md

(State or country)

## MOTHER / FATHER

13. NAME Harry Mulligan

f4. BIRTHPLACE (city or town)

Md

(State or country)

15. MAIDEN NAME Nora Earp

16. BIRTHPLACE (city or town)

Pa

(State or country)

## 17. INFORMANT

(Address)

Harry EarpRockville Md

## 18. BURIAL, CREMATION, OR REMOVAL

Place Hazlewood Md Date Aug 14, 1932

## 19. UNDERTAKER

(Address)

Rubber PumphreyRockville Md

## 20. FILED

Aug 15, 1932

C. B. Barnesley

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 14th, 1932  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 1st, 1932 to Aug 14th, 1932I last saw him alive on Aug 14th, 1932 death is said to have occurred on the date stated above, at 3:30 pm

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 3 mo ago

## Other Contributory Causes of importance:

Gastro-enteritis Date of onset July 25

## Name of operation

Date of

## What last confirmed diagnosis?

Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

## Manner of injury

## Nature of Injury

## 24. Was disease or injury in any way related to occupation of deceased?

No

## If so, specify

(Signature) Charles Tombleston M. D.(Address) Sandy Spring Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08943

## 1. PLACE OF DEATH

County

Montgomery

161-d

Registration Dist. No.

217

Village or City

Clarksburg

Montgomery Co., Md.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Baby Boy Oland.

(a) Residence: No.

Southbury Rd.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

S

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

—

6. DATE OF BIRTH (month, day, end year)

7/31/32

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

15

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Now

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Now

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Md.

MOTHER FATHER

13. NAME

Parker Oland

14. BIRTHPLACE (city or town)  
(State or country)

Md.

MOTHER

15. MAIDEN NAME

Viola S. Smith

16. BIRTHPLACE (city or town)  
(State or country)

Md. Va.

17. INFORMANT

(Address)

Viola S. Oland  
Southbury Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Carmel

Date Aug 16, 1932

19. UNDERTAKER

(Address)

Roy D. Barber  
Laytonsville, Md.

20. FILED

Aug 16, 1932

C. Barnesley

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

8/15/1932

(Month) (Day) (Year)

22. HEREBY CERTIFY. That I attended deceased from  
8/15/1932 to 8/15/1932; death is saidI last saw him alive on 8/15/1932; death is said  
to have occurred on the date stated above, at 5:00 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Shock.

Date of onset

8/15/32

Other Contributory Causes of importance:

Hemorrhage from

tubular artery

8/14/32

Name of operation Resection of gallbladder Date of 8/14/32

What test confirmed diagnosis? + lightening of pain Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19 —

Where did injury occur? Now

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, or in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

M. D.

J. M. Barnesley  
Sarah S. Barnesley

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	SEP 5 1927
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68944

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

210-m

Registration Dist. No.

211

St.

Ward

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

O'Rourke

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

m. wh.

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct. 26 - 1911

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

20

9

5

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Labourer

B &amp; D. B. B.

July 1932

11. Total time (years)  
spent in this  
occupation

Don't know

12. BIRTHPLACE (city or town)  
(State or country)

Md.

MOTHER FATHER

13. NAME

John T. O'Rourke

14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MARRIED NAME

Mamie Grammer

MARY E. CREAMER

16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT

(Address)

HUGH M. O'Rourke

Formerly at Park  
cumberland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Cumberland

Date

Aug. 3, 1932

19. UNDERTAKER

(Address)

E. C. Hartshorne

Gaithersburg

20. FILED

Aug. 1, 1932

M. D.

Wm E. Ladd

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 1  
(Month)

(Day)

1932  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on Aug. 1, 1932; death is said  
to have occurred on the date stated above, at 12 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Auto Accident

Fracture of Skull

Other Contributory Causes of importance:

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug. 1, 1932

Where did injury occur? Mr. Clark's burg, Md.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public Place

Manner of injury Auto. Accident

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. W. Barber M. D.

(Address) Gaithersburg, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Name of deceased, of deceased's mother and of informant authorized by letter filed August 31, 1932 under Dr. Barber. Hour of death changed from PM to AM according to letter filed September 13, 1932 under Dr. Barber.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY AND UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68945

## 1. PLACE OF DEATH

County Montgomery  
Village or City Sherley Chase

Length of residence in city or town where death occurred 57 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Mrs. Eliza Owens

(a) Residence: Nd. 33-W. Irving  
(Usual place of abode)

(121)

Registration Dist. No. 2161St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

## 5a. If married, widowed, or divorced

HUSBAND of Josiah Evans Owens  
(or) WIFE of Josiah Evans Owens

## 6. DATE OF BIRTH (month, day, and year)

June 12 - 1848

## 7. AGE

Years <u>84</u>	Months <u>2</u>	Days <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
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## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

None  
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

## 10. Date deceased last worked at this occupation (month and year)

## 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)Unidilla  
N.Y.

## MOTHER

## FATHER

13. NAME Josiah E. Owens

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME Annie Rumsey

16. BIRTHPLACE (city or town)  
(State or country)

17. INFIRMITY Mrs. E. V. Wilcox  
(Address) 33-W. Irving st. C.C.M.

18. BURIAL, CREMATION, OR REMOVAL  
Place Washington D.C. Date Aug 19 - 1932

19. UNDERTAKER J. T. Lee & Sons  
(Address) Washington D.C.

20. FILED 8-17-1932 Homestead Board  
Registrar

## 21. DATE OF DEATH

August191932

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

August, 1931, to August, 1932.  
I last saw her alive on August 17, 1932; death is said to have occurred on the date stated above, at 1:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac failure.  
Cardiac Dilatation.

Date of onset

## Other Contributory Causes of importance:

Hypertension - cardio -  
vascular - renal  
atherosclerosis

Name of operation None Date of

What test confirmed diagnosis? Routine Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. T. Lee M. D.

(Address) 1606 - 20th St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g. heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

**N. B.**--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Montgomery

(131)

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 214Village or City Silver Spring (No.)2 FULL NAME Aura Parsons

St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<u>Female</u>	<u>White</u>	

## 6 DATE OF BIRTH

June 28, 1857  
(Month) (Day) (Year)

## 7 AGE

75 yrs. | mos. 17 ds. or min.

If LESS than  
1 day hrs.  
or min.)

## 8 OCCUPATION

- (a) Trade, profession or particular kind of work
- (b) General nature of industry business, or establishment in which employed or (employer)

Housewife9 BIRTHPLACE  
(State or country)Indiana

## 10 NAME OF FATHER

M. J. Kersing

## 11 BIRTHPLACE OF FATHER

(State or country)

Pa.

## 12 MAIDEN NAME OF MOTHER

Amanda L. Alexandria

## 13 BIRTHPLACE OF MOTHER

(State or Country)

Pa.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Leslie B. Anderson

(Address)

5448 33rd NW Washington

## 15

Filed

Aug. 16 1932T. G. Bradley

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June Aug. (Month) 15 (Day) 1932 (Year)

I HEREBY CERTIFY, That I attended the deceased from June 14 1932, to Aug. 15, 1932,

that I last saw her alive on Aug. 15, 1932, and that death occurred on the date stated above, at 9:40 A.M. The CAUSE OF DEATH \* was as follows:

Chronic Intestinal Tapeworm  
Myocarditis

Contributory  
Secondary Obstruction (Duration) yrs. mos. ds.

(Signed) Richard B. Philadelphia M. D.  
(Address) 2012 L St. NW Washington (Duration) yrs. mos. ds.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds.

In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

Cedar Hill, Md

## 20 UNDERTAKER

L. M. Sawyer

## DATE OF BURIAL

Aug. 18 1932

## ADDRESS

Baltimore Md

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spirizer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer*, *Laborer*, *Farm laborer*, *Housewife*, *House-laborer*, *Farm laborer*, *Laborer*—*Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Hausmair*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Groupt"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma*, *Sorcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "A trophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethargus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68947

## 1. PLACE OF DEATH

County

Montgomery

Registration Dist. No.

213

Village or City

Rockville

St., Ward

Length of residence in city or town where death occurred

## 2. FULL NAME

(a) Residence: No.

Infant boy  
Rockwell, Poole

Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Aug 10, 1932

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

Stillborn

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

None

Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.9. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Rockville

Md.

FATHER

13. NAME

John H. Poole

14. BIRTHPLACE (city or town)  
(State or country)

Rockville

Md.

MOTHER

15. MARRIED NAME

Margaret E. Kender

16. BIRTHPLACE (city or town)  
(State or country)

Baltimore, Md.

Md.

17. INFORMANT

(Address)

Mrs. John H. Poole

Rockville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

On premises

Date Aug 11, 1932

19. UNDERTAKER

(Address)

J. H. Poole (father)

Rockville, Md.

20. FILED

8-11, 1932

Mrs. H. J. Poole - Registrar

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug. 10

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug 10, 1932 to Aug 10, 1932

I last saw him alive on Aug 10, 1932 death is said  
to have occurred on the date stated above, at 8 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Stillbirth - Miscarriage, Aug 10, 1932  
at 3 months -

Date of onset

Other Contributory Causes of importance:

Unknown

Name of operation none Date of

What test confirmed diagnosis Phys. Exam. Was there an autopsy Yes

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. Lattingwood M. O.  
(Address) Rockville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	1915
Chronic interstitial nephritis	SEP 7 1932
Cerebral hemorrhage	July 5, 1927

BUREAU OF THE CENSUS

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68948

## 1. PLACE OF DEATH

County

Montgomery

210-2

Registration Dist. No.

213

Village or City

Montgomery, Md.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

George Murdoch Potts

Stratford Hotel

(Usual place of abode)

25-6-N.W. St., Ward.

Washington D.C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 20 - 1902

7. AGE

29

Years

11

Months

28

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Quito-Salesman

about

spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Cincinnati

Ohio

MOTHER

FATHER

George Murdoch Potts

14. BIRTHPLACE (city or town)

(State or country)

Alabama

15. MAIDEN NAME

Rose Grinnan

16. BIRTHPLACE (city or town)

(State or country)

Toronto

Canada

17. INFORMANT

Mrs. George D. Potts - (Mother)

(Address)

1750 - Park Road - N.W. Ward. 10

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Frederick - Md

Sept 20 - 1932

19. UNDERTAKER

(Address)

Wm. Bruton Murphy

Rockville Md - 8

20. FILED

(Address)

1932 Mrs. W. J. O'Neill

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 7, 1932

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

August 8, 1932, to

Last seen \_\_\_\_\_ alive on \_\_\_\_\_; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Hemorrhage and  
Shock

Date of onset

Other Contributory Causes of importance:

Automobile accident

Name of operation

Date of

What test confirmed diagnosis?

Autopsy

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Accident

Date of injury Aug 7, 1932

Where did injury occur?

Public highway near Potomac, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public place

ORTONIA OF ONTO

Internal hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George D. Potts

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68949

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County \_\_\_\_\_

Village or City \_\_\_\_\_

Montgomery  
Bethesda

186a

Registration Dist. No. 216

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mary R. C. Ray

(a) Residence: No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

W.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed or divorced.  
HUSBAND of (or) WIFE of

A. J. Ray

6. DATE OF BIRTH (month, day, and year) Sept 9 - 1848

7. AGE Years 83 Months 11 Days 18 If LESS than  
1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. now

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lay Hill, Md.  
(State or country) Montgomery Co.

13. NAME Geo. Washington Cashell

14. BIRTHPLACE (city or town) Lay Hill,  
(State or country) Montgomery Co., Md.

15. MAIDEN NAME Octavia Yerrell

16. BIRTHPLACE (city or town) Annapolis,  
(State or country) Maryland17. INFORMANT Mr. J. P. Wales  
(Address) Bethesda, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Woodside, Md. Date Aug 30, 193219. UNDERTAKER Rutherford Humphrey  
(Address) Rockville, Md.20. FILED Aug 30, 1932. Benj. C. Penn  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug  
(Month)29  
(Day)1932  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Date Aug 15, 1932, to Aug 29, 1932; death is said  
I last saw him alive on Aug 29, 1932; death is said  
to have occurred on the date stated above, at 7:25 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Myocardial degeneration

Date of onset

Other Contributory Causes of Importance:

Accident. Fracture Head of 6th vertebra  
Right Femur

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 28, 1932

Where did Injury occur? 8004, Rockville Road  
(Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

In home

Manner of injury Fall on floor.

Nature of injury Fracture of Femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Lynn Drury  
(Address) 8238isticie ave

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SEP 8 1922 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	BUREAU V. B. July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

08950

## 1. PLACE OF DEATH

County MontgomeryVillage or City Takoma Park Md

Length of residence in city or town where death occurred yrs.

(123)

Registration Dist. No.

223

No. Washington Sanitarium & Hospital Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 3 ds. How long in U.S. or of foreign birth? yrs. mos. ds.2. FULL NAME Miss. Allah Mary Sessions(a) Residence: No. 4520 Tvy St.  
(Usual place of abode)

St.

Ward.

Brentwood Maryland  
If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 10 - 1914

7. AGE

Years 18 Months 3 Days 27 If LESS than  
1 day, 13 hrs.  
or 3 min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Housekeeperat home11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Littleton N.C.

MOTHER FATHER

13. NAME William Henry Sessions14. BIRTHPLACE (city or town)  
(State or country)North Carolina

15. MAIDEN NAME

Mary R Virginia

16. BIRTHPLACE (city or town)

(State or country)

Virginia17. INFORMANT Washington Sanitarium Record  
(Address) Takoma Park Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hughesville Md Date Aug 7, 1932

19. UNDERTAKER

(Address) 7 Gasch Lane  
Hughesville Md

20. FILED

Aug 7, 1932 H E Rogers  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug 7, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 4, 1932, to Aug 7, 1932

I last saw her alive on Aug 7, 1932; death is said  
to have occurred on the date stated above, at 103 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Date of onset  
1932

Aug 4

General Peritonitis: Not perforated.  
Due to small perforation of bowel, of  
unknown etiology. cut & tie.

Other Contributory Causes of importance:

Name of operation Exploratory Date of Aug 4, 1932What test confirmed diagnosis? Clinical symptoms Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O S Garrett M. D.(Address) 729 North Ave Takoma Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68951

## 1. PLACE OF DEATH

County Montgomery

Village or City Takoma Park

WITHIN CORPORATE LIMITS OR

Length of residence in city or town where death occurred 0 yrs. 2 mos. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mrs. Rebecca Shires

(a) Residence: No. 1740 Rittenhouse St., St. Ward. Washington, D.C.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced  
~~Husband~~  
(or) WIFE of

Mr. Jessie A. Shires

6. DATE OF BIRTH (month, day, and year) April 1, 1897

7. AGE Years 45	Months 4	Days 26	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home	
10. Date deceased last worked at this occupation (month and year) Sept. 1931	11. Total time (years) approx spent in this matey occupation 28 yrs.

12. BIRTHPLACE (city or town)  
(State or country) Clinton Maryland

13. NAME James Curtin

14. BIRTHPLACE (city or town)  
(State or country) Maryland

15. MAIDEN NAME Rebecca Carrick

16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Washington San. & Hosp. Records  
(Address) Takoma Park, Wash. DC.18. BURIAL, CREMATION, OR REMOVAL  
Place Wash. D.C. Date Aug. 28, 193219. UNDERTAKER W W Chambers  
(Address) 1400 Chapin St. NW20. FILED Aug. 28, 1932 26 E. Rogers  
Registrar.

Registration Dist. No. 223

No. Washington Sanitarium &amp; Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 27, 1932  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from June 2, 1932, to August 27, 1932. I last saw her alive on August 27, 1932; death is said to have occurred on the date stated above, at 10:30 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypernephroma

Date of onset

Other Contributory Causes of Importance:

Nephrectomy

Date of

What test confirmed diagnosis? Cervicorectomy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Aug. 28, 1932 M. D.

(Address) Takoma Park, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

08952

## 1. PLACE OF DEATH

County Montgomery  
Village or City Cedar Grove

163

Registration Dist. No. 211

St., Ward

Length of residence in city or town where death occurred 28 yrs. 7 mos. 7 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Mary Annie Elizabeth Thompson(a) Residence: No. Cedar Grove, Md St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
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married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Edgar Lee Thompson

6. DATE OF BIRTH (month, day, and year) Jan. 19, 1904

7. AGE Years <u>28</u>	Months <u>7</u>	Days <u>2</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town)  
(State or country) Cedar Grove, Md.

13. NAME Wral R. Plummer

14. BIRTHPLACE (city or town)  
(State or country) W. Jayonsville, Md.

15. MAIDEN NAME Edith E. Libby

16. BIRTHPLACE (city or town)  
(State or country) Cedar Grove, Md.

17. INFORMANT Mrs Edith Plummer  
(Address) R. D. Germantown, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Salem M. & C. Church Date Aug. 24, 1932

19. UNDERTAKER Ernest Farrier  
(Address) Sathersburg, Md.

20. FILED Aug. 23, 1932 Della V. Burdette  
Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 21

(Month) (Day), (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 14, 1932, to Aug. 21, 1932I last saw her alive on Aug. 21, 1932; death is saidto have occurred on the date stated above, at 10 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

The taking of rat poisonSept. 2, 1932 Aug. 13, 1932

## Other Contributory Causes of importance

Melancholia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Aug. 13, 1932Where did injury occur? at home Cedar Grove, Md.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury By taking of rat poison

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) George M. Boyer M. D.(Address) Stamfusse, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68953

## 1. PLACE OF DEATH

County MontgomeryVillage or City Dear PotomacLength of residence in city or town where death occurred life

119

Registration Dist. No.

213

St.

Ward

No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Isabelle May Furman(a) Residence: No. Cabin John Ad. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Females4. COLOR OR RACE Colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Strike the word) Singe5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, end year) Feb. 25, 19327. AGE Years 6 Months 20 Days 5 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Infant9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. Infant10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country) Cabin John  
Md.

MOTHER

FATHER

13. NAME John Henry Brown14. BIRTHPLACE (city or town)  
(State or country) Bethesda  
Md.15. MAIDEN NAME Isabelle Furman16. BIRTHPLACE (city or town)  
(State or country) Cabin John  
Md.17. INFORMANT John Henry Brown  
(Address) Cabin John, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place County home Cemetery Date Aug. 25, 193219. UNDERTAKER Warner & Son, Inc.  
(Address) Rockville, Md.20. FILED 8-25-1932 Mrs H. J. Pratt  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 24

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Aug. 23, 1932, to Aug. 24, 1932I last saw her alive on Aug. 24, 1932to have occurred on the date stated above, at 1:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Bronchopneumonia Aug. 24, 1932

Date of onset

Other Contributory Causes of importance:

DiarrheaName of operation none Date of Aug. 24What test confirmed diagnosis? Physical exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) Wm. H. Pratt M. O.(Address) Rockville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant**—**private family**, **cook**—**hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*See birth certificate for cleaung in date of birth*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68954

## 1. PLACE OF DEATH

County Montgomery  
 Village or City Kensington

Length of residence in city or town where death occurred 40 yrs.

(93-C)

Registration Dist. No. 214No. 28 Prospect

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No. 82 Prospect St.  
 (Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Robert Bruce Walter

## 6. DATE OF BIRTH (month, day, and year)

Sept. 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
	<u>73</u>	<u>10</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House-keeping</u>	11. Total time (years) spent in this occupation <u>None</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>	
10. Date deceased last worked at this occupation (month end year) <u>None</u>	

12. BIRTHPLACE (city or town)  
(State or country) Boyle, Maryland

13. NAME <u>John Austin</u>	14. BIRTHPLACE (city or town) (State or country) <u>Montgomery Co. Md.</u>
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15. MAIDEN NAME <u>Lucia Ann Robbins</u>	16. BIRTHPLACE (city or town) (State or country) <u>Montgomery Co. Md.</u>
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17. INFORMANT <u>Robt. Bruce Walter</u>	(Address) <u>Kensington Md.</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Barnsville Md.</u>	Date <u>Aug 4, 1932</u>
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19. UNDERTAKER (Address) <u>Wm. Rubin Sumpf</u>	<u>Rockville Md.</u>
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20. FILED <u>8/3 1932</u>	<u>W. L. Lewis</u> Registrar.
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

August 2, 1932

(Month) (Year)

22. I HEREBY CERTIFY That I attended deceased from

July 27 - 1932 to Aug 2 - 1932  
I last saw her alive on Aug 1 - 1932; death is said to have occurred on the date stated above, at 5:35 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Brocho-pneumonia July 19, 1932

Date of onset

Other Contributory Causes of importance:

Acute Bronchitis  
Chronic MyocarditisName of operation None Date of NoneWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury None, 1932Where did Injury occur? None (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None (Signed) Henry S. Brown M. D.(Address) Kensington, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

68955

## 1. PLACE OF DEATH

County

Montgomery

(53)

Registration Dist. No.

214

Village or City

Takoma Park

St.

Ward

No. 24 Ridge Avenue

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Anna J. Washington

Takoma Park

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	A. A.	Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

James Henry Washington

May 15, 1854

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than
	78	3	23	1 day,      hrs. or      min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housekeeper
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Our home
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10. Date deceased last worked at this occupation (month and year)	7-16-32	11. Total time (years) spent in this occupation	Life
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12. BIRTHPLACE (city or town) (State or country)	King George Co., Va.
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13. NAME	gray
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14. BIRTHPLACE (city or town) (State or country)	Va.
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15. MAIDEN NAME	Sallie
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16. BIRTHPLACE (city or town) (State or country)	Va.
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17. INFORMANT	James Henry Washington
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(Address)	222 Parker St. N.E. D.C.
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18. BURIAL, CREMATION, OR REMOVAL	Woods, D.C.
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Place	Date
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19. UNDERTAKER	Woods, D.C.
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(Address)	1890 - 9th St.
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20. FILED	Aug. 7, 1932
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J. E. Dudding Jr.	Registrar
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Aug.  
(Month)7  
(Day)1932  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

July 19, 1932, to Aug. 7, 1932

I last saw her alive on July 19, 1932; death is said

to have occurred on the date stated above, at 4:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Malignancy Thyroid

Cardio-vascular

Date of onset  
?

?

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did Injury occur? Date of injury

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Webster Sewell M. D.

(Address) Route 1 Silver Springs Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

*Recd. 11/10/9  
Box. 709*

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

95-C

68956

## 1. PLACE OF DEATH

County Montgomery

Village or City Takoma Park

Registration Dist. No. 223

Length of residence in city or town where death occurred yrs. 1

No. 623 Elm Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Charles F. Woodworth

(a) Residence: No. 645 Lexington Place N.E. St. Ward. Wash. D.C.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
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5e. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Melinda C. Woodworth

6. DATE OF BIRTH (month, day, and year) Apr. 12, 1856

7. AGE 76 Years	3 Months	Days 20	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Livingston Co. Mich.  
(State or country)

13. NAME Rufus Woodworth

14. BIRTHPLACE (city or town) Hartford. Ct.  
(State or country)

15. MAIDEN NAME Levina Armstrong

16. BIRTHPLACE (city or town) Albany, N.Y.  
(State or country)17. INFORMANT Mrs. Wm. R. Bolten  
(Address) 645 Lex. Pl. Wash. D.C.18. BURIAL, CREMATION, OR REMOVAL  
Place Wash. D.C. Date 8-9-193219. UNDERTAKER Mrs. S. Rogers  
(Address) 1011, 7th St., N.W. Wash. D.C.20. FILED Aug 8, 1932 *S. Rogers*  
Registrars

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Aug 7, 1932

I HEREBY CERTIFY, That I attended deceased from March 1932, to Aug. 7, 1932.

I last saw him alive on Aug 7, 1932; death is said to have occurred on the date stated above, at 11, P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:*Myocarditis*

Date of onset

?(Cmo)

## Other Contributory Causes of Importance:

*Infectious Arthritis*

2 yrs

Name of operation *None* Date ofWhat test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *None*If so, specify (Signed) *R.N. MANGANARO* M. D.  
(Address) 1412 MASS. AVE N.W.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known.. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH 0895.183

MARGIN RESERVED FOR BINDING.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Montgomery

(46)

Registration Dist. No. 21

6

Village or City

Somerset

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Harvey Carl Wunder

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mrs. Mary Wunder

6. DATE OF BIRTH (month, day, and year)

March 9, 1882

Years

50

Months

5

Days

—

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Instrument maker

11. Total time (years) spent in this occupation

Date of onset

12. BIRTHPLACE (city or town).  
(State or country)

Germany

13. NAME

Harry C. Wunder

14. BIRTHPLACE (city or town).  
(State or country)

Germany

15. MAIDEN NAME

Anya Schleier

16. BIRTHPLACE (city or town).  
(State or country)

Germany

17. INFORMANT

(Address)

Josephine Wunder

516 Dorset Ave. Ct.

Place Aug 9, 1932 Date Aug 11, 1932

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington D. C.

Date Aug 11, 1932

19. UNDERTAKER

(Address)

Delin Sons Co.

Washington, D. C.

20. FILED

Aug 9, 1932

Bury &amp; Perry

Registrar

## 21. DATE OF DEATH

Aug

(Month)

9

(Day)

1932

(Year)

I HEREBY CERTIFY That I attended deceased from

April 15, 1932, to Aug 9, 1932, death is said

to have occurred on the date stated above, at 2:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma Liver

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Ed J. Glass

(Address) 3700 Mass Ave N.H. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

*RECEIVED  
DEPT. OF H.E.  
BOSTON, MASS.*

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	2 weeks ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

*RECEIVED  
DEPT. OF H.E.  
BOSTON, MASS.*

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

68958

## 1. PLACE OF DEATH

County *Montgomery*Village or City *M. Woodfield*

95

Registration Dist. No. *211*

St.,

Ward

Length of residence in city or town where death occurred *2* yrs. *0* mos. *0* ds. How long in U.S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Angelie Yeager*(a) Residence: No. *m. Woodfield Md*

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*4. COLOR OR RACE *Bl.*5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)*Widowed*5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of*Levi Yeager*

6. DATE OF BIRTH (month, day, and year)

*May 9, 1851*7. AGE Years *81* Months *3* Days *21* If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.*Housework*9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) *1932*11. Total time (years)  
spent in this  
occupation *Life*12. BIRTHPLACE (city or town)  
(State or country) *Clarksburg*  
*W. Va.*13. NAME *Earl Douglass*  
*W. Va.*14. BIRTHPLACE (city or town)  
(State or country) *W. Va.*15. MAIDEN NAME *Rosana Hickman*16. BIRTHPLACE (city or town)  
(State or country) *W. Va.*17. INFIRMARY  
(Address) *Mr. Lillian*  
*Mr. Cedar Grove*

18. BURIAL, CREMATION, OR REMOVAL

Place *Baptist Chm* Date *Sept. 1*, *1932*  
*Cedar Grove*19. UNDERTAKER  
(Address) *J. B. Beall Inc.*  
*Darlington Md*20. FILED Sept. 1, 1932 at *Della N. Bordelette*  
Dept. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Aug. 30*

(Month)

(Day)

19*32*  
(Year)22. I HEREBY CERTIFY, That *I* attended deceased from  
*about one month ago*, *1932*, to *1932*.I last saw her alive on *about one month*, *1932*; death is said  
to have occurred on the date stated above, at *7:30 p.m.*The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Died suddenly - probably  
due to heart disease*

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Data of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *George M. Boyer*  
(Address) *Domaxsus, Md.* M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN